

OUTSTANDING SPECIMEN TREE DESIGNATION REQUEST FORM

Applicant: _____

Date: ____/____/____

Address: _____

Phone (h): (____)-____-____

E-Mail: _____

Phone (c): (____)-____-____

Signature: _____

Private: _____ **Public:** _____

Tree Description (species, dimensions): _____

Tree Location (closest address, park location):

Justification: _____

Approved _____ **Disapproved** _____ **Approved with conditions** _____

Reason(s) for selected action: _____

Date: ____/____/____